

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**



Date Received \_\_\_\_\_  
Official Use Only  
RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

2011 FEB 25 AM 11:58

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Viegas John Keith

**1. Office, Agency, or Court**

Agency Name

County of Glenn

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors

District 1 Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of Glenn

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ **Assuming Office:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☒ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed February 16, 2011  
(month, day, year)

Signature

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

John K. Viegas

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

County of Glenn

ADDRESS (Business Address Acceptable)

525 W. Sycamore Street, Willows, CA 95988

BUSINESS ACTIVITY, IF ANY, OF SOURCE

County Board of Supervisors

YOUR BUSINESS POSITION

Board Member

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Mary P. Viegas

ADDRESS (Business Address Acceptable)

311 S. Villa Street, Willows, CA 95988

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Office of Education

YOUR BUSINESS POSITION

Director/Child and Family Services

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

John and Donna Tanner

ADDRESS (Business Address Acceptable)

139 Faydon Way, Orland, CA 95963

BUSINESS ACTIVITY, IF ANY, OF LENDER

Owners of property purchased-11/04(personal prop)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

5 %      ☐ None

TERM (Months/Years)

10 years

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☒ Real Property      6239 Co Rd 14 (APN045-190-0140)

Street address

Orland, CA 95963

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">John K. Viegas</div>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE <u>Regional Council of Rural Counties</u>
ADDRESS (Business Address Acceptable) <u>1215 K Street, Suite 1650</u>
CITY AND STATE <u>Sacramento, CA 95814</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE 
DATE(S): <u>01 / 01 / 10</u> - <u>12 / 31 / 10</u> AMT: \$ <u>300.32</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income
DESCRIPTION: <u>Travel and meal expenses related to</u> <u>volunteer services on the RCRC Board of</u> <u>Directors</u>

▶ NAME OF SOURCE <u>California State Association of Counties</u>
ADDRESS (Business Address Acceptable) <u>1100 K Street, Suite 101</u>
CITY AND STATE <u>Sacramento, CA 95814</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE 
DATE(S): <u>01 / 01 / 10</u> - <u>12 / 31 / 10</u> AMT: \$ <u>0.00</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income
DESCRIPTION: <u>Travel and meal expenses related to</u> <u>volunteer services on the CSAC Board of</u> <u>Directors</u>

▶ NAME OF SOURCE 
ADDRESS (Business Address Acceptable) 
CITY AND STATE 
BUSINESS ACTIVITY, IF ANY, OF SOURCE 
DATE(S): <u>  </u> / <u>  </u> / <u>  </u> - <u>  </u> / <u>  </u> / <u>  </u> AMT: \$ <u>  </u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u> </u>

▶ NAME OF SOURCE 
ADDRESS (Business Address Acceptable) 
CITY AND STATE 
BUSINESS ACTIVITY, IF ANY, OF SOURCE 
DATE(S): <u>  </u> / <u>  </u> / <u>  </u> - <u>  </u> / <u>  </u> / <u>  </u> AMT: \$ <u>  </u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u> </u>

Comments: No reportable income according to the California State Association of Counties for this calendar year.